

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

SAMUEL M. SLOM (SAM)

(b) Committee Name: "Friends for Sam Slom"

(c) Mailing Address: 6600 Kulanianakole Hwy. #22

(d) Phone (Bus) N/A (Res) 395-5447
Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- ☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third
☐ 2nd Preliminary Primary ☐ Short Form ☐ Second ☐ Fourth
☐ Final Primary
☐ Preliminary General
☐ Final Election Period
☒ Supplemental

REPORTING PERIOD

7-1-03 through 12-30-2003

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

| | COLUMN A TOTAL THIS PERIOD | COLUMN B ELECTION PERIOD ² TOTAL TO DATE |
|--|-------------------------------|---|
| 1. Cash on Hand at the Beginning of the Election Period ² <u>November 8, 2000</u> | | \$ <u>13,212.86</u> |
| 2. Cash on Hand at the Beginning of this Reporting Period <u>July 1, 2003</u> | \$ <u>6,136.13</u> | |
| 3. Total Receipts (From Line 15) <u>(7/1/03 - 12/31/03)</u> | <u>7.60</u> | <u>9,430.31</u> |
| 4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B) | <u>6,143.73</u> | <u>22,643.17</u> |
| 5. Total Disbursements (not including Unpaid Expenditures) (From Line 19) | <u>356.68</u> | <u>16,856.12</u> |
| 6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4) | \$ <u>5,787.05</u> | \$ <u>5,787.05</u> |
| 7. Total Loans at the Closing of this Reporting Period | <u>NONE</u> | |
| 8. Total Unpaid Expenditures at the Closing of this Reporting Period | <u>NONE</u> | |
| 9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8) | <u>NONE</u> | |
| 10. Surplus/Deficit (Subtract Line 9 from Line 6) | \$ <u>5,787.05</u> | |

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Samuel M. Slom 1/29/2004 Laura Jackson 1/29/04
Candidate Signature Date Treasurer Signature Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.
² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

"Friends for Sam SLoan - 1/29/2004

RECEIPTS

| | COLUMN A TOTAL THIS PERIOD 7/1/03-12/31/03 | COLUMN B ELECTION PERIOD TOTAL TO DATE 1/8/00-12/31/03 | |
|--|--|---|------------|
| 11. Contributions From: | | | 11 |
| (a) Individuals/Other Entities/Noncandidate Committees/Political Parties | | | 11(a) |
| (i) Monetary and Non-Monetary Contributions of \$100 or Less..... | 0 | \$ 1,075 | 11(a)(i) |
| (ii) Monetary and Non-Monetary Contributions of More Than \$100..... | 0 | 7.950 | 11(a)(ii) |
| (iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))..... | 0 | \$ 9.025 | 11(a)(iii) |
| (b) Candidate or Candidate's Immediate Family | | | 11(b) |
| (i) Monetary and Non-Monetary Contributions of \$100 or Less..... | 0 | 0 | 11(b)(i) |
| (ii) Monetary and Non-Monetary Contributions of More Than \$100..... | 0 | 0 | 11(b)(ii) |
| (iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))..... | 0 | 0 | 11(b)(iii) |
| 12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii))..... | 0 | \$ 9.025 | 12 |
| 13. Public Funds and Other Receipts..... | \$ 7.60 | 405.31 | 13 |
| 14. Loans..... | 0 | 0 | 14 |
| 15. Total Receipts (Add Lines 12 through 14)..... | \$ 7.60 | \$ 9,430.31 | 15 |
| DISBURSEMENTS | | | |
| 16. Expenditures..... | \$ 356.68 | \$ 16,856.12 | 16 |
| 17. Loans Repaid or Forgiven..... | 0 | 0 | 17 |
| 18. Unpaid Expenditures Paid or Forgiven..... | 0 | 0 | 18 |
| 19. Subtotal Disbursements (Add Lines 16 through 18)..... | 356.68 | 16,856.12 | 19 |
| 20. Unpaid Expenditures..... | 0 | | 20 |
| 21. Total Disbursements (Add Lines 19 and 20)..... | \$ 356.68 | \$ 16,856.12 | 21 |

No Public Funds - Interest Only

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

SAM SLOAN - "Friends for Sam Sloan" (1/64)

| DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR | FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER | AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD | AGGREGATE ELECTION PERIOD TOTAL TO DATE |
|--|---|---|---|---|
| | IF A DEPENDENT MINOR, ENTER NAME OF PARENT | OCCUPATION | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | | |
| | No Contributions Solicited or Accepted During Reporting Period | | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | | |
| 1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)..... | | | 0 | |
| 2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii))..... | | | 0 | |

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

SAM SLOM, Friends for Sam Slom (1/04)

PAGE

OF

| DATE OF EXPENDITURE | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION | PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION | AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD |
|---|---|--|---|
| 10/30/03 CK # 18 1039 | <input type="checkbox"/> NON-MONETARY CONTRIBUTION Kaeser & Blair, Inc. (Hawaii Rep.: Claude Douglas) 4236 Grissom Drive Buckeye, OH 45103 | 500 Campaign Pens Inv. # 30922034 | \$356.68 |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | |
| | <input type="checkbox"/> NON-MONETARY CONTRIBUTION | | |
| 1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)..... | | | 356.68 |
| 2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)..... | | | 356.68 |

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C
PUBLIC FUNDS AND OTHER RECEIPTS
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

SAM SLOM, "Friendly for Sam Slom" (1/04)

PAGE

OF

1

1

| DATE OF DEPOSIT | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT | DESCRIPTION OF OTHER RECEIPT | AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD | AGGREGATE ELECTION PERIOD TOTAL TO DATE |
|---------------------|--|--|---|---|
| | <i>No Public Funds Solicited or Accepted</i> | | | |
| | <i>Checking Account Interest ONLY</i> | | | |
| <i>7/1-12/31/03</i> | <i>CPB 6600 Kalanianaʻole #101 Honolulu, HI 96825</i> | <i>Account # 6000070097 Total 6 months int. \$7.60</i> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....
2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....

7.60

7.60

ATTACH A COPY OF THE
EXECUTED LOAN DOCUMENT AT
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
LOANS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

SAM SLOM, "Friendly for Sam Slom" (1/04)

PAGE

1

OF

1

| LOAN SOURCE | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER NAME OF EMPLOYER AND OCCUPATION | AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD | NEW LOAN AMOUNT THIS PERIOD | AMOUNT REPAYED OR FORGIVEN THIS PERIOD | AMOUNT OF LOAN AT CLOSING OF THIS PERIOD |
|---|--|---|-----------------------------------|--|---|
| DATE OF LOAN | PURPOSE OF LOAN | | | | |
| <input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER | <i>No Loans Solicited or Accepted</i> | | | <input type="checkbox"/> FORGIVEN | |
| | | | | | |
| <input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER | | | | <input type="checkbox"/> FORGIVEN | |
| | | | | | |
| <input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER | | | | <input type="checkbox"/> FORGIVEN | |
| | | | | | |
| <input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER | | | | <input type="checkbox"/> FORGIVEN | |
| | | | | | |
| <input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER | | | | <input type="checkbox"/> FORGIVEN | |
| | | | | | |

1. SUBTOTAL (This Page).....

2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....

3. TOTAL LOANS REPAYED OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....

4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE E
UNPAID EXPENDITURES
CANDIDATE COMMITTEE**

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

SAM SLOM, "Friends for Sam Slom (1/04)"

PAGE

1

OF

1

| DATE OF UNPAID EXPENDITURE | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR | AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD | NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD | AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD |
|----------------------------|---|--|---|-------------------------------------|--|
| | PURPOSE OF UNPAID EXPENDITURE | | | | |
| | <i>No Unpaid Expenditures</i> | | | <input type="checkbox"/> FORGIVEN | |
| | | | | <input type="checkbox"/> FORGIVEN | |
| | | | | <input type="checkbox"/> FORGIVEN | |
| | | | | <input type="checkbox"/> FORGIVEN | |
| | | | | <input type="checkbox"/> FORGIVEN | |

1. SUBTOTAL (This Page).....

2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....

3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....

4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.